



FY 2016 – 2017 LAKE COUNTY FIXED ROUTE TRANSPORTATION BUS PASS PROGRAM

Lake County Health & Human Services is accepting applications for LakeXpress bus passes for eligible organizations providing support to low income, disabled, veterans and elderly Lake County residents.

LakeXpress Bus Fares

- Full fare trips are \$1 per one way trip.
- Half fares are available for:
 - Seniors 60 years or older
 - Medicare cardholders
 - Persons, who receive Supplemental Security Income (SSI), based on disability or Social Security Disability (SSD) benefits, as long as they continue to receive these benefits.
 - Veterans with valid DD214 card.
 - Disabled (buses are equipped with lifts)
- Students with valid school ID or proof of enrollment ride free.
- Children under 5 years of age that are accompanied by a fare-paying chaperone are free.

LakeXpress Bus Passes

LakeXpress offers a variety of bus passes that provide significant savings to repeat riders.

- Daily Pass - \$3 (unlimited rides)
- 30-Day Pass - \$30 (unlimited rides)
- 10-Ride Pass - \$8
- Transfer Pass - Free (Transfers good to complete a one way trip only. One free per trip.)

Submit Application to:

Rebecca Foley-Kearney

Mailing Address: P.O. Box 7800
Tavares, FL 32778

Phone: 352-742-6520

Email: rkearney@lakecountyfl.gov

Physical Address: 315 W. Main Street



FY 2016-2017 LAKE COUNTY FIXED ROUTE TRANSPORTATION BUS PASS PROGRAM APPLICATION INSTRUCTIONS AND DISBURSEMENT PROCESS

Terms and Conditions

1. Application Availability

The application is available through electronic copy or written document by contacting Rebecca Foley-Kearney at 352-742-6520, or rkearney@lakecountyfl.gov. You can visit our website at www.lakecountyfl.gov, under Health & Human Services Division.

2. Eligibility for Passes

Organizations eligible for bus passes include public and private non-profit organizations. **All applications selected must serve low income, disabled, veterans and elderly Lake County residents.**

3. Program Period

The program period will be the County's Fiscal Year from October 1, 2016 through September 30, 2017. Approved applications with selected agencies will be in place after October 1, 2016. **Bus passes awarded must be utilized by September 30, 2017. Bus passes not utilized by this date must be returned to Lake County Health & Human Services.**

4. Administrative Requirements

In order to evaluate the impact of the program, and to ensure accountability for the passes disbursed, organizations will be required to provide monthly progress reports each quarter. Monthly progress reports will identify the trip type, i.e. medical, work, nutritional, etc. These documents will be used to evaluate both the merits of the program and the ability of the organization to deliver the specified service.

- a) **Monthly Tracking Reports** – To be submitted on a quarterly basis (please see attached form).

5. Submission Requirements

- a) Signature - The authorized signature on the application should be the person who has the authority to contractually bind the organization.
- b) Proof of Non-profit Status **(First page of most recent IRS 501 C 3 tax exemption determination letter).**

6. Public Records. Please see attached Section 119.0701, Florida Statutes.

7. Bus Pass Disbursement

- a) Submitted application reviewed and approved.
- b) Upon approval, agency will receive a copy of the fully executed application via email.
- c) Lake County Staff will submit a copy to Lake County Transit.
- d) Lake County Transit will fulfill application request and provide passes to Health & Human Services for distribution to organization.
- e) Health & Human Services will inform agencies when passes are available for pick-up.

I acknowledge I have read and agree to abide to the above Terms and Conditions.

Signature

Date

Public Records. Pursuant to Section 119.0701, Florida Statutes, AGENCY shall comply with the Florida Public Records' laws, and shall:

1. Keep and maintain public records required by the COUNTY to perform the services identified herein.
2. Upon request from the COUNTY's custodian of public records, provide the COUNTY with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided for by law.
 1. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the AGENCY does not transfer the records to the COUNTY.
 2. Upon completion of the contract, transfer, at no cost, to the COUNTY all public records in possession of the AGENCY or keep and maintain public records required by the COUNTY to perform the service. If AGENCY transfers all public records to the COUNTY upon completion of the contract, AGENCY shall destroy any duplicate public records that are exempt, or confidential and exempt, from public records disclosure requirements. If AGENCY keeps and maintains public records upon completion of the contract, AGENCY shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the COUNTY, upon request from the COUNTY's custodian of public records, in a format that is compatible with the information technology systems of the COUNTY.

IF AGENCY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO AGENCY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS, REBECCA FOLEY-KEARNEY AT LAKE COUNTY COMMUNITY SERVICES, 352-742-6520, 315 W. MAIN STREET, TAVARES, FLORIDA 32778, OR VIA EMAIL AT RKEARNEY@LAKECOUNTYFL.GOV



FY 2016-2017 LAKE COUNTY FIXED ROUTE TRANSPORTATION BUS PASS PROGRAM
APPLICATION INSTRUCTIONS AND DISBURSEMENT PROCESS

APPLICATION FOR BUS PASSES

Agency Name: _____

Contact Executive's Name and Title: _____

Agency's Federal ID Number: _____

Mailing Address (with zip code): _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Attach Proof of Non-profit Status (First page of most recent IRS 501 C 3 tax exemption determination letter)

Bus Passes	# Passes Daily	# Passes 10-Ride	# Passes 30-Ride	Total
Daily Pass				
10-Ride Pass				
30-Day Pass				
Medicare				
Disabled				
Senior				
SSD/SSI				
Veteran				
Total				

Authorized Agency Signature

Type Name and Title

Date

LAKE COUNTY OFFICE USE ONLY

Approved by: _____

Date: _____

Rebecca Foley-Kearney
Children & Elder Services Coordinator



LAKE COUNTY FIXED ROUTE TRANSPORTATION BUS PASS PROGRAM TRACKING REPORT

AGENCY NAME: _____

MONTH: _____ YEAR: _____

	DATE	CLIENT'S NAME (Print Name)	TRIP PURPOSE <i>(Choose one of the following: Medical, Nutritional, Employment, Training/ Education, Life- Sustaining/Other)</i>	NUMBER OF PASSES ISSUED	ISSUED BY AGENCY REP (Print Name)	CLIENT SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Program Manager Signature

Date

CEO/President/Executive Director Signature

Date